

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

PLACE STICKER AT TOP OF ENVELOPE OR TO THE RIGHT
OF THE RETURN ADDRESS. POSTAGE PAID, CERTIFIED MAIL**CERTIFIED MAIL**5975 94E9 8000 0T52 1002
5975 94E9 8000 0T52 1002**OFFICIAL USE**

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Deliver
(Endorsement Req)

Total Postage &

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

Gregory A Conn

03599-061

Federal Medical Center

PO Box 14500

Lexington, OH 40512

Postmark
Here

PS Form 3800, January 2001

See Reverse for Instructions